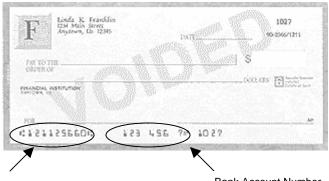


## **COMMONWEALTH OF MASSACHUSETTS**Authorization for Electronic Funds Transfer Payments

	reasurer, to deposit funds due into the account at the bank named authorized to debit my account only to adjust any overpayment which	
VENDOR BANK INFORMATION		
Bank Name:		
Bank Transit Number:		
Bank Account Number:		
Account Type:		
VENDOR INFORMATION		
Tax Identification Number (TIN):		
Contact Name:		
E-mail:		
Telephone:		
Address:		
City:	State MA Zip:	
This authorization will remain in effection in the control of the Department of the	ect until either canceled in writing or an updated form changing nt you currently do business with.	
AUTHORIZED SIGNATURE:		
Print Name:		
Title:	Date:	

## Attach voided check here.



Bank Transit Number

Bank Account Number